

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2007
NAME OF PROVIDER OR SUPPLIER WARD		STREET ADDRESS, CITY, STATE, ZIP CODE 807 FERN PL, NW WASHINGTON, DC 20012		
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I 000	INITIAL COMMENTS A licensure survey was conducted on April 12, 2007. Three males with varying degrees of disabilities reside in the facility. Two of the three residents were randomly selected for the sample. The findings of the survey were based on observations at the group home, interviews with staff and residents in the home, and the review of records including incident reports.	I 000		
I 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: During the environmental inspection on April 12, 2007, the following environmental deficiencies were observed: 1. Two broken wooden rail posts on the backyard deck. 2. Two unmounted mirrors in the basement recreational area. 3. Lamps with the manufacture's plastic covering over the lamp shades in resident #1,#2 and #3's bedrooms. [Note: Plastic coverings from the lamp shades in Resident #1,#2 and #3's bedrooms removed during the survey.]	I 090	#1. RAIL post on wooden deck have been repaired. #2. MIRRORS HAVE been mounted. #3. Plastic has been removed from Lamp Shades.	2007 APR 27 P 12:16 RECEIVED DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 4/27/07 4/27/07 4/27/07
I 135	3505.5 FIRE SAFETY	I 135		

Health Regulation Administration

Michael Warren

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE *Program Director*

(X6) DATE

4-27-07

STATE FORM

6509

G4LY11

If continuation sheet 1 of 8

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I 135	<p>Continued From page 1</p> <p>Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift.</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to hold evacuation drills quarterly on all shifts.</p> <p>Based on record review, the facility failed to ensure that every shift of personnel conducted an evacuation drill at least quarterly.</p> <p>The finding includes:</p> <p>Review of the available fire drill records (dated from April 2006 to April 2007) on April 12, 2007, at approximately 2:00 PM, revealed that one fire drill was conducted on the day shift. Further review revealed that two fire drills were conducted on the evening shift and one fire drill was conducted on the night shift. There was no evidence that every shift of personnel conducted an evacuation drill at least quarterly.</p>	I 135	<p><i>P.C. will review fire drills monthly to ensure drills are conducted by the staff according to regulations, quarterly on all shifts.</i></p>	4/27/07	
I 180	<p>3508.1 ADMINISTRATIVE SUPPORT</p> <p>Each GHMRP shall provide adequate administrative support to efficiently meet the needs of the residents as required by their Habilitation plans.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure adequate administrative support had been provided to efficiently meet the needs of one of two residents in the sample as required by their habilitation plans.</p>	I 180			

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I 180	Continued From page 2 The finding includes: Review of Resident #1's medical records on April 12, 2007, at approximately 1:00PM revealed that on March 20, 2007, Resident #1 did not receive neurological services because his Medicaid card had expired. Further review at approximately 1:10PM revealed that on December 4, 2006, Resident #1 did not receive audiological services because his Medicaid card had expired. In an interview with the Director on April 12, 2007 at approximately 1:30PM it was acknowledged that Resident #1 did not receive his neurological or audiological services because his Medicaid card was not accepted by the vendor. There was no documented evidence that the GHMRP ensured adequate administrative support had been provided to efficiently meet the needs of the resident as required by his habilitation plan.	I 180	DDS case management is responsible for clients medicaid eligibility. However, P.C. will send memo to Case management each time services are denied.	4/27/07.
I 189	3508.7 ADMINISTRATIVE SUPPORT Each GHMRP shall maintain records of residents' funds received and disbursed. This Statute is not met as evidenced by: Based on record review, the facility failed to maintain a record of all resident funds received and disbursed. The finding includes: Review of Resident #2 financial records on April 12, 2007 at approximately 3:30 PM revealed that the resident's last bank statements were dated January, 2006 thru September 30, 2006. There was no documented evidence that all of the resident's funds received and disbursed were recorded.	I 189	P.C. will monitor records monthly to ensure quarterly bank statements are in clients record.	4/27/07

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I 206	<p>3509.6 PERSONNEL POLICIES</p> <p>Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties.</p> <p>This Statute is not met as evidenced by: Based on record review, the facility failed to ensure that all staff had current health certificates on file.</p> <p>The finding includes:</p> <p>Review of 1 out of 6 personnel records on April 12, 2007 at approximately 3:20 PM revealed no documented evidence of a current health certificate for Staff ().</p>	I 206	<p>P.C. will monitor staff folders quarterly any certifications that are out ^{exp} expired will be renewed within 15 day or the staff will not be allowed to work.</p>	4/27/07
I 227	<p>3510.5(d) STAFF TRAINING</p> <p>Each training program shall include, but not be limited to, the following:</p> <p>(c) Infection control for staff and residents;</p> <p>This Statute is not met as evidenced by: Based on record review, the facility failed to ensure that all staff had current CPR/First Aid certificates on file.</p> <p>The finding includes:</p> <p>Review of 1 out of 6 personnel records on April 12, 2007 at approximately 3:25 PM revealed no</p>	I 227	<p>See 1206.</p>	4/27/07

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I 227	Continued From page 4 documented evidence of current CPR/First Aid certificates for Staff (E.A.).	I 227			
I 395	3520.2(e) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (e) Nursing; This Statute is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensure nursing services in accordance with the needs of two of two residents in the sample. (Resident #1 and #2) The findings include: 1. Review of Resident #1's physician's orders dated March 19, 2007 at approximately 3:00PM revealed a recommendation for the resident to have a CBC, LFT, Depakote and Tegretol levels performed every three months. Review of the laboratory studies revealed no evidence of lab work since July 2006. Interview with the RN Supervisor on April 13, 2007 at approximately 9:10AM revealed that lab work had been performed on Resident #1; however, his medical record had been purged by the facility staff.	I 395	#1 #P.C. will obtain copy of current Lab results (Toxicology) for resident #1. Additionally P.C. will no longer purge medical records, this will be done by the nursing department.	5/4/07	

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I 395	Continued From page 5 2. Review of Resident #2's physician's orders dated March 19, 2007 at approximately 3:30PM revealed a recommendation for the resident to have annual laboratory studies. Review of the laboratory studies revealed no evidence of lab work since 2005. Interview with the RN Supervisor on April 13, 2007 at approximately 9:00AM revealed that lab work had been performed on Resident #2; however, his medical record had been purged by the facility staff.	I 395	See 1395 #1.	5/4/07
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Based on staff interview and record review the facility failed to ensure medical services to evaluate the needs of one of two residents in the sample. (Resident #1) The finding includes: Observation of the evening medication administration on April 12, 2007 at approximately 5:50PM, revealed Resident #1 had a diagnosis of Intermittent Explosive Disorder (IED) and was administered Thorazine 100 mg PO for aggression every evening. Review of the monthly Psychotropic Medication Reviews at approximately 6:15PM revealed no evidence that an Abnormal Involuntary Movement Scale (AIMS) had been completed. Review of the policy "	I 401	Resident #1 will receive the aims evaluation by RN, and re-evaluated every six months.	5/4/07

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I 401	Continued From page 6 Monitoring Psychotropic Medications" on April 12, 2007, at approximately 6:20PM, revealed that "a nurse/psychiatrist must monitor the potential development of Tardive Dyskinesia using the AIMS at least every six month."	I 401			
I 500	3523.1 RESIDENT'S RIGHTS Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: Based interview and record review, the GHMRP failed to ensure residents' rights as prescribed in D.C. Law 2-137, Chapter 19 as evidenced by the following deficiencies for two of the two residents in the sample. (Resident #1 and #2) The findings include: 1. Observation of the evening medication administration on April 12, 2007 at approximately 5:50PM, revealed Resident #1 received Thorazine 100 mg PO for aggression every evening. Interview with the Trained Medication Employee (TME) and review of the physician's orders, dated March 19, 2007, revealed Thorazine 100mg PO was incorporated in the resident's Behavior Support Plan (BSP) dated December 23, 2006, to address his targeted aggressive behaviors. Interview with the Director on April 12, 2007 at approximately 12:30PM revealed that Resident #1 did not have a legally court appointed guardian. Review of Resident #1's Psychological assessment dated December 23, 2006 at approximately 4:00PM revealed that	I 500	#1 P.C. has submitted signed medical affidavits and signed psychological affidavits to the case manager for submission to the court to have a medical guardian appointed.	4/27/07	

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1500	Continued From page 7 the resident could not make informed consent regarding decisions on his behalf in medical care, on-going medical treatment, habilitation, residential placement, and general financial matters. At the time of the survey, the facility failed to provide evidence that measures had been established to obtain legally sanctioned advocacy or that a surrogate decision maker had been considered to assist Resident #1 in comprehending and exercising his rights. 2. Review of the Resident #2's medical consult dated August 31, 2006 revealed a recommendation for a colonoscopy due to a change in bowel habits. Interview with the Director on April 12, 2007, at approximately 10:55AM, revealed that the colonoscopy was not performed because Resident #2 did not have a legally court appointed guardian, however a medical affidavit had been completed by the facility. Review of Resident #2's Individual Support Plan (ISP) dated June 29, 2006 at approximately 2:00PM revealed that the resident could not make informed consent regarding decisions on his behalf in medical care, on-going medical treatment, habilitation, residential placement, and general financial matters. At the time of the survey, the facility failed to provide evidence that measures had been established to obtain legally sanctioned advocacy or that a surrogate decision maker had been considered to assist Resident #2 in comprehending and exercising his rights.	1500	#2. See 1500 #1.	4/27/07	